

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF TEXAS

**Alternative Dispute Resolution Summary**

**Provider must file a completed form, in duplicate, with the U.S. District Clerk within ten days of completion of the initial ADR session.**

1. Civil Action number: \_\_\_\_\_
2. Style of case: \_\_\_\_\_
3. Nature of suit: \_\_\_\_\_
4. Method of ADR used: ☐ Mediation ☐ Mini-Trial ☐ Summary Jury Trial ☐ Early Neutral Eval.
5. Date ADR session was held: \_\_\_\_\_
6. Outcome of ADR (*Select one*):  
☐ Parties did not use my services. ☐ Settled, in part, as a result of ADR.  
☐ Settled as a result of ADR. ☐ Parties were unable to reach settlement.  
☐ Continuing to work with parties to reach settlement (*Note: provider must file a supplemental ADR Summary upon conclusion of his/her services.*)
7. What was your TOTAL fee: \_\_\_\_\_
8. Duration of ADR: \_\_\_\_\_ (e.g., one day, two hours)
9. Please list persons in attendance (including party association, e.g., defendant, plaintiff):

***Please provide the names, addresses, and telephone number of counsel on the reverse of this form.***

10. Provider information:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

**Alternative Dispute Resolution Summary**

*Continued*

**Please provide the names, addresses, and telephone numbers of counsel:**

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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Firm: \_\_\_\_\_

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Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_